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FORM 417.02 TRUSTEE'S ACCOUNTING

State of Minnesota	District Court
COUNTY	JUDICIAL DISTRICT
	COURT FILE NO.
	Case Type:
In the Matter of the Trust Created under Article	
of the Last Will of	•
ALTERNATIVE FOR INTER VIVOS TRUSTS:	
In the Matter of the Trust Created under	
Agreement By and Between,	
Settlor, and,	
Trustees, dated	
	TRUSTEE'S ANNUAL ACCOUNT

	Pri	ncipal	Inc	ome
Assets on Hand as of (Schedule 1)	\$		\$	
Increases to Assets:				
Interest (Schedule 2)	\$	0.00	\$	
Dividends (Schedule 3)	\$	0.00	\$	
Capital gains distributions (Schedule 4)	\$		\$	0.00
Gains on sales and other dispositions (Schedule 5)	\$		\$	0.00
Return on capital (Schedule 6)	\$		\$	0.00
Other increases (Schedule 7)	\$		\$	
Decreases to Assets:				
Losses on sales and other dispositions (Schedule 8)	(\$)	(\$.00)
Administration expenses (Schedule 9)	(\$)	(\$)
Taxes (Schedule 10)	(\$)	(\$)
Trustee fees	(\$)	(\$)
Attorney fees	(\$)	(\$)
Other decreases (Schedule 11)	(\$)	(\$)
Balance Before Distributions	\$		\$	
Distributions to Beneficiaries (Schedule 12)	(\$)	(\$)
Principal and Income Balances	\$	0.00	\$	0.00
Total Assets on Hand as of			\$	
(Income plus principal) (Schedule 13)				

ASSETS ON HAND

[Beginning DATE]

Schedule 1

	Market Value	Values at Cost or Basis	Values at Cost or Basis	
	as of [DATE]	Principal	Income	
Cash or Cash Equivalents				
Checking account	\$	\$	\$	
Savings account	\$	\$	\$	
Money market account	\$	\$	\$	
Stocks and Bonds				
Stocks	\$	\$	\$ 0.00	
Corporate bonds	\$	\$	\$ 0.00	
Municipal bonds	\$	\$	\$ 0.00	
Real Estate	\$	\$	\$ 0.00	
Other Assets			\$	
Life insurance policies (cash				
value)	\$	\$	\$	
Other assets	\$	\$	\$	
Total Assets on Hand as of	\$0.00	\$0.00	\$0.00	
[Date]				

Note: This schedule reflects assets on hand at the beginning of the period. Identify each asset thoroughly. Provide the name of the bank and account number for each account holding cash or cash equivalents. Under Minn. Gen. R. Prac. 11, financial account numbers must be submitted on a separate Form 11.1 Confidential Information Form that is not accessible to the public. Provide the number of shares or par value of each security. Provide the address of each parcel of real estate.

[NAME OF TRUST]

INTEREST

	Income
Checking account(s)	
1.	\$
2.	\$
Sovings account(s)	
Savings account(s)	
1.	\$

2.	\$
Corporate bonds	
1.	\$
2.	\$
3.	\$
Municipal bonds	
1.	\$
2.	\$
3.	\$
Other interest	
1.	\$
2.	\$
3.	\$
Total Interest	\$ 0.00

Identify each interest-producing asset. List each bank account by name and account number. Under Minn. Gen. R. Prac. 11, financial account numbers must be submitted on a separate Form 11.1 Confidential Information Form that is not accessible to the public. Identify each bond or other asset that pays interest.

[NAME OF TRUST]

DIVIDENDS

	Income
Stocks	
1	\$
2	\$
3	\$
4	\$
5	\$
6	\$
7	\$
8	\$
9	\$
10	\$
11	\$
12	\$
13	\$
14	\$

GENERAL RULES OF PRACTICE					4
15				\$	
Total Dividends				\$	0.00
Identify each security that paid divide	ends.				
	AME OF TRUS	ST]			
CAPITAL	GAINS DISTR	IBUT	IONS		
	Schedule 4				
				Princ	ipal
Capital gains distributions	:				
1				\$	
2				\$	
3				\$	
4				\$	
5				\$	
6				\$	
7 8				\$ \$	
9				\$	
10				\$	
11				\$	
12				\$	
13				\$	
14				\$	
Total Capital Gains Distril	butions			\$	0.00
Identify each security that paid divide	ends.				
[N	AME OF TRUS	ST]			
GAINS ON SALE	ES AND OTHE	R DIS	SPOSITIONS		
	Schedule 5				
				<u>P</u>	rincipal
Sale of shares of	:				
Proceeds received	\$				
Less cost or basis	_(\$))	\$	0.00
Sale of shares of	:				
Proceeds received	\$,)			
Less cost or basis	_ (\$))	\$	0.00

Sale of shares of	:			
Proceeds received		\$		
Less cost or basis		(\$)	\$ 0.00
Sale of shares of	:			
Proceeds received		\$		
Less cost or basis		(\$)	\$ 0.00
Sale of shares of	_:			
Proceeds received		\$		
Less cost or basis		(\$)	\$ 0.00
Sale of shares of	_:			
Proceeds received		\$		
Less cost or basis		(\$)	\$ 0.00
Sale of shares of	:			
Proceeds received		\$		
Less cost or basis		(\$)	\$ 0.00
Sale of shares of	:			
Proceeds received		\$		
Less cost or basis		(\$)	\$ 0.00
Sale of shares of	:			
Proceeds received		\$		
Less cost or basis		(\$)	\$ 0.00
Total Gains				\$ 0.00

RETURN OF CAPITAL

Return of capital:	Principal
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$

GENERAL RULES OF PRACTICE

9.	\$
10.	\$
11.	\$
12.	\$
13.	\$
14.	\$
Total Return of Capital	\$ 0.00

Identify each security that paid a return of capital.

[NAME OF TRUST]

OTHER INCREASES

		Principal	I	ncome
Securities added to trust by Settlor			\$	0.00
1	\$		\$	
2	\$		\$	
3	\$		\$	
4	\$		\$	
5	\$		\$	
6	\$		\$	
7	\$		\$	
8	\$		\$	
9	\$		\$	
Income transferred to principal	\$		\$	0.00
Other increases:				
1	\$		\$	
2	\$		\$	
3	\$		\$	
4	\$		\$	
5	\$		\$	
6	\$		\$	
7	\$		\$	
8	\$		\$	
9	\$		\$	
Total Other Increases	\$_	0.00	\$	0.00

LOSSES ON SALES AND OTHER DISPOSITIONS

			Prin	cipal
Sale of shares of:				
Proceeds received	\$			
Less cost or basis	(\$)	\$	0.00
Sale of shares of:				
Proceeds received	\$			
Less cost or basis	(\$)	\$	0.00
Sale of shares of:				
Proceeds received	\$			
Less cost or basis	(\$)	\$	0.00
Sale of shares of:				
Proceeds received	\$			
Less cost or basis	(\$)	\$	0.00
Sale of shares of:				
Proceeds received	\$			
Less cost or basis	(\$)	\$	0.00
Sale of shares of:				
Proceeds received	\$			
Less cost or basis	(\$)	\$	0.00
Sale of shares of:				
Proceeds received	\$			
Less cost or basis	(\$)	\$	0.00
Sale of shares of:				
Proceeds received	\$			
Less cost or basis	(\$)	\$	0.00
Sale of shares of:				
Proceeds received	\$			
Less cost or basis	(\$)	\$	0.00
Total Losses			\$	0.00

GENERAL RULES OF PRACTICE

[NAME OF TRUST]

ADMINISTRATIVE EXPENSES

Schedule 9

	Principal	Inco	<u>ome</u>
Bank account fees	\$	\$	
Check charges	\$	\$	
Broker annual fees	\$	\$	
Photocopies	\$	\$	
Postage	\$	\$	
Maintenance of real estate (schedule attached)	\$	\$	
Other (schedule attached)	\$	\$	
Total Administrative Expenses	\$ 0	0.00 \$	0.00

[NAME OF TRUST]

TAXES

Schedule 10

	Principal		Income	
Foreign dividend tax	\$	0.00	\$	
U.S. fiduciary income tax	\$		\$	
Minnesota fiduciary income tax	\$		\$	
Total Taxes	\$	0.00	\$	0.00

Note: The portion of fiduciary income tax allocated to capital gains is charged against principal. The portion of foreign dividend tax is allocated to income.

[NAME OF TRUST]

OTHER DECREASES

	Principal	Income	
Income transferred to principal	\$	\$	0.00
Other decreases:			
1.	\$	\$	
2.	\$	\$	
3.	\$	\$	
4.	\$	\$	
5.	\$	\$	
6.	\$	\$	
7	\$	\$	

8.	\$	\$
9.	\$	\$
10.	\$	\$
Total Other decreases	\$ (0.00 \$ 0.00

DISTRIBUTIONS TO BENEFICIARIES

Schedule 12

	Principa	1	Incom	ne
Name of each beneficiary and date and description of distribution:				
1.	\$		\$	
2.	\$		\$	
3.	\$		\$	
4.	\$		\$	
5.	\$		\$	
6.	\$		\$	
7.	\$		\$	
8.	\$		\$	
9.	\$		\$	
10.	\$		\$	
11.	\$		\$	
12.	\$		\$	
13.	\$		\$	
14.	\$		\$	
15.	\$		\$	
Total Distributions to Beneficiaries	\$	0.00	\$	0.00

[NAME OF TRUST]

ASSETS ON HAND

[ending DATE]

		Values at Cost	Values at Cost
	Market Value	or Basis	or Basis
	as of [DATE]	Principal	Income
Cash or Cash Equivalents			
Checking account	\$	\$	\$
Savings account	\$	\$	\$
Money market account	\$	\$	\$

Stocks and Bonds			
Stocks	\$	\$	\$ 0.00
Corporate bonds	\$	\$	\$ 0.00
Municipal bonds	\$	\$	\$ 0.00
Real Estate	\$	\$	\$ 0.00
Other Assets			
Life insurance policies (cash value)	\$	\$	\$
Other assets	\$	\$	\$
Total Assets on Hand as of [Date]	\$ 0.00	\$ 0.00	\$ 0.00

Note: This schedule reflects assets on hand at the end of the accounting period. Identify each asset thoroughly. Provide the name of the bank and account number for each account holding cash or cash equivalents. Under Minn. Gen. R. Prac. 11, financial account numbers must be submitted on a separate Form 11.1 Confidential Information Form that is not accessible to the public. Provide the number of shares or par value of each security. Provide the address of each parcel of real estate.

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minnesota Statutes, section 358.116.

Signed at:	County,
	State.
On, 20	
Signature	
Name_	
Agency or Business Name, if applicable:	
Address	
City/State/Zip	
Telephone ()_	
Notarial Stamp or Seal (or Other Title or Rank)	Signed and sworn to (or affirmed) before me on (date)
	by
	and,

Trustees.

MINNESOTA COURT RULES

11	GENERAL RULES OF PRACTICE
	Signature of Notary Public or Other Official
(Amended effective July 1, 2015; ame	ended effective May 23, 2016.)